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Draft country programme document**

Niger

Summary

The Executive Director presents the draft country programme document for Niger for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $25,024,000 from regular resources, subject to the availability of funds, and $26,494,000 in other resources, subject to the availability of specific purpose contributions, for the period 2004 to 2007.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	6.4
U5MR (per 1,000 live births)	265
Underweight (% moderate and severe, 2000)	40
Maternal mortality ratio (per 100,000 live births, 1986-1992)	590
Primary school attendance (% net, male/female, 2000)	36/25
Primary schoolchildren reaching grade 5 (%, 2000)	70
Use of improved drinking water sources (%, 2000)	43
Adult HIV prevalence rate (%, 2002)	0.87
Child work (%, 5-14 year-olds, 2000)	70
GNI per capita (US$)	170
One year olds immunized against DPT3 (%)	31
One year olds immunized against measles (%)	51

The situation of children and women

1. Located in West Africa's Sahel region, Niger covers nearly 1.3 million square kilometres and has a population of 11.2 million, which is growing at a rate of 3.3 per cent a year. Eighty per cent of the inhabitants live in rural areas and over one half of the population is under 15 years old. Niger ranks 173rd out of 174 countries on the Human Development Index and Human Poverty Index. The gross national product per capita remains very low ($203 in 2001). Despite Niger's recent admission to the Debt Initiative for Highly Indebted Poor Countries, the outstanding external debt (78 per cent of the gross domestic product in 2000) is an obstacle to development. Transportation and commodity distribution are difficult, with 92 per cent of roads unpaved, no rail system and the nearest port 1,000 kilometres away. Niger suffers periodically from droughts and epidemics. Despite relative internal political stability, the country faces negative social and economic consequences as a result of regional upheaval, e.g., the recent crisis in Côte d'Ivoire, as a large number of citizens work as migrant labourers in neighbouring countries.

2. Between 1989 and 2000, the under-five mortality rate (U5MR) decreased from 339 to 265 per 1,000 live births. The estimated infant mortality rate (IMR) is 126 per 1,000 live births according to the multiple indicator cluster survey (MICS) undertaken in 2000. The immediate causes of child mortality are diarrhoea, malaria and pneumonia. Low access to health care (48 per cent) and the low quality of health services are the main underlying causes of deaths. Limited access to potable water (48 per cent in urban areas, 17 per cent in rural areas) and inadequate sanitation coverage (18 per cent urban, 5 per cent rural) also contribute to high mortality rates. There was a 10-point increase in coverage of the routine expanded programme on immunization (EPI) for children under one year old from 1999 to 2001 (31 per cent for three doses of combined diphtheria/tetanus/pertussis vaccine, 51 per cent for measles vaccine). EPI coverage is up to 4 per cent higher in UNICEF intervention zones than in other areas. Some 40 per cent of children under five years of age are underweight. Exclusive breastfeeding is practised by only 2 per cent of

mothers nationwide. Only 7 per cent of women use contraception. The low prenatal consultation rate (40 per cent) and the limited number of births assisted by qualified health personnel (16 per cent) contribute to the high maternal mortality rate (MMR).

3. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates the rate of HIV seroprevalence to be 1 per cent, although it is as high as 25 per cent among sex workers. Particularly worrying is the increasing number of pregnant women with HIV (over 5 per cent in some regions). Only 25 per cent of women know how to protect themselves against HIV/AIDS.

4. Between 2000 and 2002, the gross school enrolment rate increased from 34 to 42 per cent. Between 1999 and 2002, the gross enrolment rate for girls increased to 33 per cent. There are only 6,000 primary schools for over 1.8 million school-aged children, and the quality of education is low, with only 17,750 teachers, against the 45,600 needed for a ratio of 40 pupils per teacher. Only 24 per cent of children finish primary school and 45 per cent drop out without having acquired basic knowledge. Negative perceptions of girls' education discourage their access to school. Girls are held back due to early marriage, low household incomes, lack of separate latrines and curricula that are not adapted to reflect gender issues and local conditions. Between 1997 and 2002, the number of early learning centres rose from 117 to 193, but they are limited to urban areas. Because formal education is not available or accessible to a large number of rural children, many attend Koranic schools which operate throughout the country.

5. Despite the lack of accurate and disaggregated data, studies and field work by non-governmental organizations (NGOs) confirm that the number of children living in precarious situations is growing. In urban areas in particular, these include children without primary caregivers, or those in conflict with the law or living in the streets. Girls and women are victimized by female genital mutilation (FGM), legal discrimination and family violence. Pregnant girls are excluded from school. Only 45 per cent of children are registered at birth. Some 70 per cent of children in Niger work in one way or another and existing child protection structures and monitoring mechanisms are inadequate.

6. Despite an increase in the number of public and private media outlets, their coverage remains concentrated in municipal centres. In recent years, community radio, rural radio, radio clubs and interpersonal communication have become significant tools for development and social mobilization.

Key results and lessons learned from previous cooperation, 2000-2003

Key results achieved

7. The original duration of the country programme was from 2000-2004, but the cycle was shortened by one year to conform with the cycles of other United Nations agencies. The goal of the country programme has been to promote child-centred development based on the exercise of the rights of children and women. The programme has sought to: (a) contribute to reducing IMR by 15 per cent, U5MR by 20 per cent and MMR by 15 per cent; (b) contribute to improving the gross enrolment rate for girls from 23 to 35 per cent; and (c) promote the access of

children and communities to basic knowledge necessary for the full enjoyment of their rights.

8. UNICEF-supported immunization campaigns, micronutrient distribution and strengthening of the health system contributed towards improving the health and nutritional status of children. Improvement in the cold-chain, microplanning and close monitoring at district level permitted increased EPI coverage. Polio eradication efforts reached 90 to 100 per cent of the target groups and only three cases of wild polio virus were detected in 2002. In 2000 and 2001, nearly 880,000 children were immunized for the first time. Collaboration within the Inter-agency Coordination Committee and with NGOs was a key factor in this success of National Immunization Days (NIDs). National Micronutrient Days (NMDs) reached 89 per cent of targeted children.

9. HIV/AIDS prevention and awareness campaigns reached schools, military personnel, religious leaders, traditional chiefs, pastoralists, nomads and villages. Within the UNAIDS framework and in partnership with NGOs and media, interventions focused on adolescent reproductive health. UNICEF implemented six pilot sites for the prevention of mother-to-child transmission of HIV.

10. In the area of education, UNICEF directly contributed to improvements in access to education and girls' attendance. Progress focused on girls' education, women's literacy and making tangible improvements to curricula, providing equipment and furnishings, and pedagogical innovations.

11. UNICEF supported the harmonization of national laws with the Convention on the Rights of the Child. Legislation that will ban FGM was brought before Parliament and reform of other legal texts on child protection has been initiated. UNICEF contributed to reinforced juvenile justice structures. One hundred young people at risk benefited from scholarships that provided professional skills. With the support of the International Labour Organization (ILO), as part of the implementation of a national plan of action against child labour, 60 young people were taken out of exploitative situations. Children and women with disabilities benefited from psychosocial, advocacy and mobilization activities. UNICEF financed the training of birth registration agents and the printing of birth registration books. The establishment of a parliament for young people was supported. Assistance was provided to government and NGOs representatives meeting with the Committee on the Rights of the Child in Geneva. UNICEF supported the preparation of an NGO-led alternative report on implementation of the Convention.

12. UNICEF has been the lead agency for the elaboration of the National Communication Policy for Development, which will contribute to behavioural change and social mobilization. Through capacity-building and provision of technical equipment, UNICEF enhanced partnerships with media at the community and regional levels. This contributed to increased coverage of NIDs and NMDs and improved girls' school attendance. UNICEF supported the development and production of publications in local languages, essential for creating an environment that promotes literacy.

13. The integrated basic services (IBS) programme operated in 336 village clusters in 12 out of 42 districts, with the target districts comprising 3.14 million inhabitants. The selection of the districts was based on their exceptionally low socio-economic indicators. Major achievements of the IBS programme include a 14-point

improvement in EPI coverage and a coverage rate of 80 per cent for micronutrient distribution. Nutritional surveillance was also reinforced in 500 villages with community-based growth monitoring teams. School attendance rose four percentage points and in some districts, girls' attendance doubled. The number of literacy centres increased from 1,299 in 2000 to 2,487 in 2002. Working with local committees on issues related to children's and women's rights promoted attitudinal changes towards early marriage, girls' education and FGM, and increased women's access to health facilities.

14. In the field of monitoring and evaluation, key results include the realization and dissemination of data from the MICS and the annual updating of the integrated monitoring and evaluation plan (IMEP). UNICEF supported the establishment of Niger's Monitoring and Evaluation Network. An integrated monitoring system in the IBS target districts was strengthened, and government counterparts and other partners are involved in the development and implementation of *ChildInfo*.

Lessons learned

15. Community-based development is a basis for sustainability. In targeted districts, serving 28 per cent of Niger's total population, the rate of improvement for several indicators for health, nutrition and education exceeded the national average. This is the direct result of: (a) participatory and community-based planning processes to identify priorities and action plans and to carry out developmental activities; (b) recognizing the interdependence among different sectoral activities to achieve synergy and progress (e.g., income-generating activities in schools reduced the drop-out rate among girls; women's literacy was a factor in raising mothers' awareness to prevent child malnutrition); (c) through sharing and improving the available services and resources (e.g., health centres, schools, grain mills, cereal banks), creating an economy of scale among village clusters, rather than only investing in individual villages; (d) empowering and placing women at the centre of child survival issues and community development; and (e) involving community leaders in planning key activities to secure community ownership and sustainability. The UNICEF presence in the field was key to facilitating coordination among communities, authorities and partners and securing long-term donor support. Sub-offices were essential in overcoming such constraints as vast distances, collaborating with a large number of partners and extremely limited counterpart resources. The positive outcomes achieved through the IBS strategies and activities have contributed to the Government's commitment to community development and decentralization, as reflected in the Poverty Reduction Strategy Paper (PRSP), the recent creation of the Ministry of Community Development and the implementation of the President's special programme focusing on building health, sanitation and education infrastructures at district level. IBS directly responds to these priorities and serves as a laboratory to develop innovative and effective strategies that could be extended to national levels.

16. Partnership with traditional chiefs are an engine for development. In a largely conservative society with few modern media and high illiteracy rates, the protocol between the Association of Traditional Chiefs of Niger and UNICEF has opened innovative avenues to use interpersonal and traditional means to raise community awareness and participation. In total, 212 chiefs are now major allies for child protection and survival. Chiefs from eight countries signed the "Sahel Engagement",

a reference framework to use culture and tradition to protect children's rights. The Association has been key in reaching rural and nomadic populations, legitimating discussion on such child rights issues as early marriage and girls' education and strengthening community participation in NIDs and NMDs. In the past three years, at traditional events attracting hard-to-reach populations, more than 700,000 nomadic children were vaccinated against polio for the first time. There is a growing demand for girls' education and income-generating activities for women. More migrating herders are aware of HIV/AIDS and there is increased use of community-based radio to exchange information and debate issues.

The country programme, 2004-2007

Summary budget table

	(In thousands of United States dollars)		
Programmes	*Regular resources*	*Other resources*	*Total*
Health and nutrition	5 005	19 580	24 585
Basic education	3 753	800	4 553
Child protection and promotion of rights	3 003	520	3 523
Integrated basic services/community development	7 508	4 934	12 442
Planning, evaluation and communication	3 753	660	4 413
Cross-sectoral costs	2 002	00	2 002
Total	**25 024**	**26 494**	**51 518**

Preparation process

17. In 2002, the Common Country Assessment, PRSP, the UNICEF mid-term review (MTR) and the draft of the United Nations Development Assistance Framework (UNDAF) were prepared through collaborative and participatory processes. Together with the regional roll-out process for the UNICEF medium-term strategic plan (MTSP), they provided the framework for the situation analysis and key strategies and priorities of the country programme. Community involvement in the MTR was an important step in programme preparation. The Niger-UNICEF Joint Planning and Coordinating Committee, chaired by the Ministry of Finance and Economy, coordinated and oversaw the preparation of the strategy note and the meeting with partners.

Goals, key results and strategies

18. The goal of the country programme is to contribute to the reduction of poverty by improving the living conditions of children and women within a framework of consolidated policy and partnership. The country programme seeks to contribute the following key results by 2007: (a) reducing U5MR to 180 per 1,000 live births, IMR to 82 per 1,000 live births and MMR to 450 per 100,000 live births; (b) improving

access to early childhood programmes, increasing the first-year school enrolment rate to 62 per cent and the girls' enrolment to 55 per cent overall and 60 per cent in IBS zones; (c) harmonizing national laws with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (d) increasing the birth registration rate to 60 per cent overall and to 90 per cent in IBS zones; and (e) developing disaggregated data on child protection, including the situation of orphans and other children made vulnerable by HIV/AIDS (OVC). Integrated community-based development strategies will serve as blueprints for national implementation.

19. Rights-based capacity-building among key development actors will be central to advancing the rights of children and women. Based on a national plan for integrated early childhood development (IECD), activities in the areas of child survival, protection and early childhood development will use an integrated approach towards achieving a good start for children. This strategy will be complemented by a gender equality approach to address the needs of girls and women's participation in decision-making at all levels, and children's participation in the formulation of policies and implementation of activities.

20. Existing development frameworks, the growth of NGOs and community-based organizations and the intensified focus on poverty reduction offer important opportunities for the programme to reinforce partnerships and develop new alliances. Partnerships will be extended to the private sector to augment resource mobilization efforts.

21. In response to limited government capacities to deliver quality services due to lack of human and financial resources, national and community capacity-building will continue to be important approaches. Innovations in advocacy and social mobilization will also continue to be used to encourage positive behavioural and attitudinal changes, mobilize resources, engage politicians and other leaders on key child rights issues and ensure the success of such national campaigns as NIDs and NMDs.

22. The geographic coverage of the IBS programme will be maintained to consolidate and build on the achievements and progress of the previous country programme. Within the 12 targeted districts, additional village clusters will be identified, raising the total population served by up to 15 per cent. Empowering local communities to develop operational frameworks for community-based decision-making and cost-sharing will support the decentralization process. This programme will develop integrated pilot strategies that will help to elaborate sustainable national strategies and policies.

23. Because insufficiently developed social information and data collection on children and women were serious concerns during the 2000-2003 programme, developing a database on these social indicators will be fundamental.

24. To respond quickly and efficiently to epidemics, natural disasters and the negative consequences of regional political instability, emergency preparedness will be an integral part of programming. UNICEF will work with partners in anticipating emergency situations, and in planning and carrying out activities in the areas of health, nutrition, water and sanitation, education and child protection.

Relationship to national priorities and the UNDAF

25. The PRSP, developed through a participatory process with stakeholders and beneficiaries, identifies as priorities the well-being of children and respect for human rights through good governance. The UNDAF, which will come into force in 2004, is organized around three areas of cooperation: (a) food security; (b) universal access to basic services; and (c) good governance and more balanced growth. The programme of cooperation is in line with these priorities, especially in the area of child protection, which is strongly reflected in the good governance domain of cooperation. Health and education will contribute directly to the second area. Gender, HIV/AIDS and communication are treated as cross-sectoral interventions across the UNDAF.

Relationship to international priorities

26. Based on this framework, the programme of cooperation will contribute to the MTSP targets and also to the national achievements of the wider targets of *A World Fit for Children* and the Millennium Development Goals. Following the Special Session on Children, the Government requested UNICEF support to develop a 2003-2010 action plan for children, which will be a building block of the new country programme.

Programme components

27. To reduce Niger's high mortality child and maternal rates, the **health and nutrition** programme will focus on three projects for child survival, nutrition and reproductive health and the fight against HIV/AIDS. Through the accelerated child survival and development strategy, the *child survival project* will extend services for the integrated management of childhood illnesses (IMCI), including community-based activities and early learning components, from 12 to 31 out of 42 health districts. The implementation of the EPI "plus" approach will increase immunization coverage rates up to 80 per cent nationwide. Polio will be eradicated and measles and tetanus control programmes implemented. Some 70 per cent of pregnant women and 80 per cent of children under five years old will sleep under insecticide-treated bednets. Access to health facilities will be increased and the quality of services improved, particularly in urban areas. Together with the *nutrition project*, this project will also contribute to the implementation of a national IECD policy. The nutrition project will reduce and prevent malnutrition through micronutrient supplementation (particularly regular nationwide and community-based distribution of vitamin A), promotion of exclusive breastfeeding and appropriate complementary feeding practices, nutritional surveillance, rehabilitation and child stimulation in communities and health facilities. Community-based child growth monitoring and promotion services are expected to be extended from 500 to 1,000 villages nationally. The project on *reproductive health and the fight against HIV/AIDS* will reduce maternal mortality through the promotion of safe motherhood and adolescent reproductive health. A referral system for attended births will be implemented in eight district hospitals. The fight against HIV/AIDS will focus on prevention of mother-to-child transmission (PMTCT) of HIV, voluntary and confidential screening, assistance to affected persons and "youth-friendly" health services.

Ninety per cent of HIV-positive mothers will receive PMTCT services in the first six pilot sites and 12 district hospitals, and quality social services will be accessible to at least 50 per cent of OVC. The project will coordinate HIV/AIDS interventions in all country programme components.

28. Regulars resources will be used for routine EPI, nutrition activities, fighting HIV/AIDS and promoting reproductive health. Other resources will fund mainly supplementary immunization activities (i.e., polio and measles campaigns, tetanus control) and implementation of accelerated child survival and development activities (EPI "plus" and malaria control). Some $11.5 million are already committed to these activities. Collaboration will be strengthened with the United Nations Population Fund (UNFPA), the World Bank, the World Food Programme (WFP), the World Health Organization, international NGOs and bilateral agencies.

29. The **basic education** programme will focus on primary education and non-formal education and childhood development. The *primary education project* will promote access to quality education for girls and for children with disabilities. The project will improve school management, create safe and healthy environments, support teacher training and provide supplies and pedagogical materials. It is expected that students' achievement rates will increase from 24 to 51 per cent and drop-outs decrease by 2 per cent per year. Tools will be developed to monitor and evaluate the quality of education, reinforcing capacities to collect and analyse educational data and develop and implement modules to promote health and HIV/AIDS prevention. Gender disparity will be reduced and the girls' school enrolment rate increased from 33 to 55 per cent. An integrated education strategy for children with disabilities will be implemented. The *non-formal education and childhood development project* will support the formulation and implementation of an IECD policy and expand the number of adapted early learning centres from 193 to 273, mainly in rural areas. A policy on non-formal education will be elaborated and implemented to promote girls' education and women's literacy. The curricula of Koranic schools will be adapted to include basic education skills. The project will contribute to increasing the literacy rate from 20 to 28 per cent and also coordinate IECD interventions in all country programme components.

30. Regular resources mainly will fund formal education activities while other resources will contribute to literacy and other non-formal education activities. Significant other resources have already been committed for education activities at community-level and will be administered under the IBS budget. For both projects, collaboration will be reinforced with the United Nations Educational, Scientific and Cultural Organization and WFP, as well as with bilateral donors.

31. The **child protection and promotion of rights** programme comprises two projects. The *legal protection and rights promotion project* will contribute to the adoption and implementation of a child protection code to combat and prevent harmful traditional practices, eliminate sexual and economic exploitation of children and protect OVC. The legal framework and legislation will be reinforced and brought into line with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Birth registration rates will be increased to 60 per cent. Eighty per cent of children in conflict with the law will benefit from alternative measures to prison. The project will promote child participation in the identification, formulation and implementation of policies and also contribute to the elaboration and implementation of a national IECD policy. The

capacity development for child protection project will reinforce data gathering and analysis, and establish and monitor child protection standards. It will strengthen partnerships with core ministries, traditional chiefs and communities to promote a protective environment. It will work with government and non-government service providers to ensure early prevention and support for children needing protection and care. Counselling and rehabilitation services will be established to deal with violence and abuse against children, including in schools.

32. In addition to regular resources, other resources will be used to fund activities related to birth registration, harmful traditional practices and vulnerable children. Collaboration with ILO will be strengthened in the area of child labour and with the European Union and bilateral cooperation in the areas of judicial reform and juvenile justice. NGOs and civil society will continue to be primary partners.

33. The **IBS/community development** programme will consolidate and build on the achievements of the 2000-2003 country programme through two projects. The *development of integrated strategies project* will elaborate integrated strategies at district and community levels to address the priorities of the MTSP and national sectoral priorities in the 12 target districts. It will provide programme supplies and support IBS-related monitoring and evaluation. Management and decision-making will be devolved to districts and communities that will be empowered to take ownership of development initiatives. Through best practices and lessons learned, this project will develop integrated strategies that will help to elaborate sustainable national strategies and policies. This project will contribute towards elaborating a national IECD policy and strategies to prevent HIV/AIDS. The *community-level survival and development project* will promote the delivery of quality basic services to target districts in the areas of health, nutrition, water and sanitation, education, child protection, income-generating activities, women's promotion, gender equality and prevention of HIV/AIDS and other sexually transmitted diseases. With the identification of additional village clusters, there will be more beneficiaries. Key results in the target districts will include: (a) raising EPI coverage to 90 per cent; (b) implementation of the IMCI approach; (c) increasing the number of children and pregnant women sleeping under treated bednets to 90 per cent; (d) increasing the rate of exclusive breastfeeding to 80 per cent; (e) increasing the girls' school enrolment rate to 60 per cent; and (f) increasing the birth registration rate to 90 per cent. Household food security will be improved. Child protection will be promoted in schools and child protection services improved. The rate of mother-to-child transmission of HIV will be reduced. Information, education and communication (IEC) and development communication packages will induce positive behavioural change. This project will contribute towards implementing a national IECD policy.

34. Regular resources mainly will fund the development of the integrated strategies project. Other resources will be used for integrated community development projects, including education and water and sanitation. Over $2 million in other resources has already been committed. WFP, the United Nations Development Programme, UNFPA, bilateral cooperation agencies and NGOs will continue to be major partners in the fields of household food security, health, education and water and sanitation.

35. The **planning, evaluation and communication** programme is a cross-sectoral function that will assist programme implementation through four projects. The *planning project* will support the design of programmes and activities, ensure gender

mainstreaming in programming and coordinate with partners to develop policies. The project will ensure regular updating of emergency contingency planning. The *monitoring and evaluation project* will support monitoring of progress towards achieving objectives and results. Counterparts' capacities to collect, assess, analyse and use social development data will be strengthened. Through *ChildInfo*, key data will be provided and data management harmonized among different ministries and partners. The *communication project* will plan, design and manage communication and advocacy strategies to enlist the support of mass media, opinion makers, policy leaders and public opinion. A resource mobilization strategy will be prepared and communication materials produced. Media and donor visits will be organized and the celebration of special events supported. The *communication for development project* will promote positive behavioural and attitudinal changes to support country programme objectives. The implementation of the National Communication Policy for Development will be supported and the effectiveness of communication networks, rural radio and capacity of radio clubs enhanced. The production of IEC materials to promote child survival and protection will be supported. The overall programme will contribute to the planning, elaboration and monitoring of IECD and HIV/AIDS prevention activities. In addition to regular resources, other resources will be used to produce IEC materials. Key partners include the United Nations system, bilateral partners and NGOs.

36. Funds will be allocated to assure supply, logistical and other related **cross-sectoral costs** for the implementation of the country programme.

Major partnerships

37. The Government plays a major role in the implementation of the country programme. The UNDAF will reinforce collaboration with United Nations agencies and the World Bank and the International Monetary Fund. The increased support of bilateral partners (the Governments of Belgium, Canada, France, Germany, Japan and the United States), multilateral partners (the African Development Bank and the European Union) and NGOs has intensified the emphasis on programming for rural development, food security and social sector development. Community participation is essential to sustaining interventions.

Monitoring, evaluation and programme management

38. Key indicators to assess progress and monitor results are: U5MR, IMR, and MMR; and rates for malnutrition, access to potable water, immunization coverage, primary-school enrolment, the number of children reaching grade 5, gender parity, school drop-out, access of 3-5 year-olds to childhood programmes, literacy, child labour, birth registration and adult HIV/AIDS prevalence. Field visits, community feedback, activity reports, surveys and studies will track indicators. For 2004, a MICS and a specific survey of IBS districts are planned. *ChildInfo* and the Geographic Information System will help to integrate planning, monitoring and evaluation. The IMEP will be updated yearly. An MTR is foreseen in 2006. The Ministry of Finance and Economy will continue to be the main national coordinating body. The interministerial committee will continue to assume a steering role. Focal points from key ministries will facilitate contact and close collaboration.

39. For the IBS implementation, UNICEF, the Ministry of Finance and Economy and the newly-created Ministry of Community Development will provide coordination with districts and regions. UNICEF will work with regional steering committees to manage and coordinate activities.